



Kansas Public Health Workforce Assessment 2014-2015

Executive Summary

May 2015

Overview

The Kansas Public Health Workforce Assessment is a large-scale project that is statewide in scope and designed to provide:

- An overall competency assessment of public health staff based at the state and local health departments (LHD)
- A data-driven approach to workforce development in Kansas
- An accurate picture of the Kansas workforce with extensive demographic information, which will allow workforce development opportunities to be tailored
- Comparisons of specific workforce segments including rural vs. urban; environmental vs. non-environmental; and small, medium and large local health departments
- County-level reports for local health departments and bureau-level reports for the Kansas Department of Health and Environment (KDHE), which will support documentation required for accreditation through the Public Health Accreditation Board, and will allow organizations to target their workforce development efforts
- A unique identification of public health competencies perceived by some as not applicable to their positions
- A tool for continuous quality improvement

The instrument questions are based on the “Council on Linkages Core Competencies for Public Health Professionals” (Council on Linkages, 2015--

http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx) and are categorized into eight domains—Communication, Cultural Competency, Analytical/Assessment, Policy Development/Program Planning, Community Dimensions of Practice, Public Health Sciences, Financial Planning and Management, and Leadership and Systems Thinking. The workforce was categorized into four tiers: Tier 1—staff who carry out day-to-day tasks; Tier 2—supervisory and/or program management level staff; Tier 3—senior management and leaders of a public health organization; and the newly created Tier A—administrative and facilities support staff.

Members of the Kansas Public Health Workforce Development Coordinating Council (KPHWDCC) collaborated on the design of the assessment tool in consultation with other states and local health departments in Kansas that had recently successfully completed a workforce assessment.

A total of 1,648 respondents completed the assessment with an overall participation rate of 67%. Seventy-six percent of KDHE employees and 61% (875 respondents out of a total of 1,429) of local health department employees participated in the assessment. Twenty-seven local health departments had a 100% participation rate. Additionally, 49 health departments had a participation rate of 75% or above, 69 health departments had a participation rate of 50% or above, and 96% of health departments had at least one participant.

The ultimate outcome of the Kansas Public Health Workforce Assessment is the recognition of workforce competency gaps and the development of effective responses to support and build the capacity of the workforce.

Methods

Extensive testing was conducted to ensure representation of the entire Kansas public health workforce, including broad geographic and cultural distribution. Promotion of the assessment to all KDHE and local health department staff was critical in gaining a high level of participation. Incentives were offered to encourage participation, which were awarded through a random drawing.

In order to protect confidentiality, analyses were not conducted in cases where there were fewer than six people in a category. In these cases, every effort was made to make the report as specific to the local health department as possible by matching on the basis of demographics and geographic region.

For each competency, participants selected one of the following responses:

- Not at all proficient
- Some limited proficiency
- Proficient
- Very proficient
- This does not apply to my job
- I do not understand this question

The responses were grouped as follows during analyses: 1) “not at all proficient” and “some limited proficiency” answers were combined to determine lowest proficiency for each domain; and 2) “proficient” and “very proficient” were combined to determine highest proficiency and overall proficiency percentage for each domain. “This does not apply to my job” responses were analyzed as a separate category.

Summary of Statewide Total Results

Domains with Lowest Proficiency	
Local Health Departments	KDHE
<ul style="list-style-type: none"> Public Health Sciences Skills (lowest across tiers) Financial Planning and Management Skills (Tiers 1 and 2) Analytical and Assessment Skills (Tiers 2 and 3) Policy Development/ Program Planning (Tiers 1 and 2) Cultural Competency (Tier 3 only) 	<ul style="list-style-type: none"> Public Health Sciences Skills Financial Planning and Management Skills Cultural Competency Leadership and Systems Thinking Skills (Tier 1 only)
Source: Kansas Public Health Workforce Assessment 2014-15	

Domains with High Percentages Who Don't Think It Applies	
Local Health Departments	KDHE
<ul style="list-style-type: none"> Financial Planning and Management Skills (Tiers 1 and 2) Policy Development/ Program Planning (Tier 1 only) Analytical and Assessment Skills (Tiers 1 and 2) Public Health Sciences Skills (Tiers 2 and 3) 	<ul style="list-style-type: none"> Cultural Competency Public Health Sciences Skills Community Dimensions of Practice Skills Financial Planning and Management Skills (Tier 1 only)
Source: Kansas Public Health Workforce Assessment 2014-15	

Domains with Highest Proficiency	
Local Health Departments	KDHE
<ul style="list-style-type: none"> Communication Skills (highest across tiers) Cultural Competency (Tier 1 only) Community Dimensions of Practice Skills (Tiers 1 and 2) Leadership and Systems Thinking Skills (Tiers 2 and 3) Financial Planning and Management Skills (Tier 3 only) 	<ul style="list-style-type: none"> Communication Skills Analytical and Assessment Skills Leadership and Systems Thinking Skills (Tiers 2 and 3)
Source: Kansas Public Health Workforce Assessment 2014-15	

Major findings:

- The domain with the lowest proficiency rating across all tiers for both local health departments and KDHE was Public Health Science Skills (with the exception of KDHE Tier 3).
- KDHE had significant percentages of people reporting that competencies in several domains did not apply to their jobs (significantly higher in comparison with local health departments):
 - Cultural competence—43% for Tier 1; 33% for Tier 2; 20% for Tier 3
 - Public Health Sciences—50% for Tier 1; 42% for Tier 2; 22% for Tier 3
 - Community Dimensions of Practice—49% for Tier 1; 34% for Tier 2; 22% for Tier 3.
- Significant percentages of local health department and KDHE staff reported that the competencies in the “Financial Planning and Management Skills” domain do not apply to their jobs (64% of local health departments -Tier 1; 51% of KDHE - Tier 1).
- There is a significant percentage of the workforce close to retirement age with a limited number of new, young staff entering the workforce (see Figure 1 below).
- With the exception of some specific communities, the race and ethnicity demographics of the workforce are not similar in percentage to those of the state, especially for KDHE (see Figure 2 p. 5).
- Respondents indicated interest in a public health certificate program (no specifics were defined). For local health departments, 38% reported definite interest and 31% were unsure.
- The Northwest region of counties was the area of the state with lower self-reported proficiency scores than most other regions across all domains, especially for Tier 1.
- For respondents in Tier A, the question with the lowest percentage of responses in the agree/strongly agree group was “Employees are continually developed through training, education, and opportunities for promotion;” KDHE—51.52%, local health departments—66.67% (lowest overall for both). Additionally, KDHE and local health departments had a low percentage of agree/strongly agree for “Training is implemented as part of an overall system of employee development;” KDHE—66.67%, local health departments—68.14%.

Figure 1. Workforce age stratification

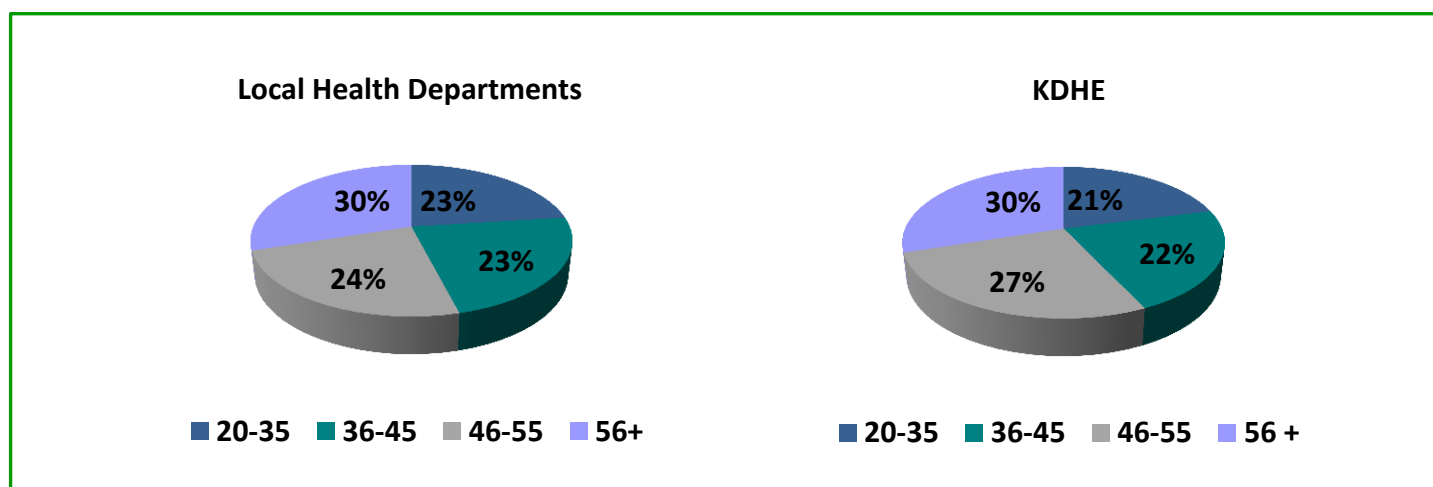
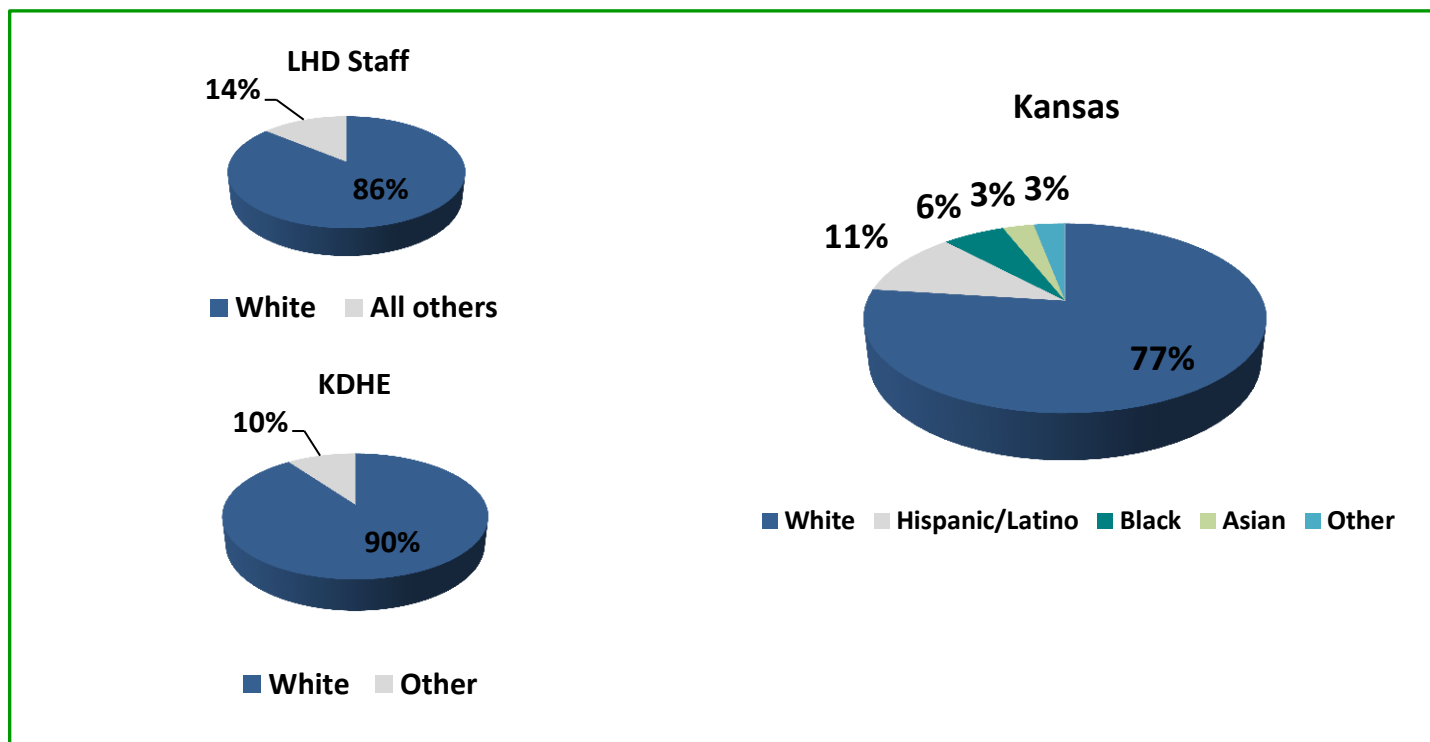


Figure 2. Race and ethnicity comparisons.



Comparisons with Previous Assessments

Assessments of the Kansas public health workforce were previously conducted in 2003 (for KDHE staff) and 2005 (for local health department staff). It is difficult to directly compare the results from the previous assessments with the current one due to significant revisions to the Council on Linkages Core Competencies. The earlier tools also had a bioterrorism preparedness component, which was not included in 2014. Additionally, a new response option was included (“this competency does not apply to my job”) and a new tool was used which had a completely different set of competencies/questions for staff not directly working in public health (e.g. clerical--Tier A).

Results from the 2003 and 2005 assessments showed that the top workforce development need was training in bioterrorism preparedness, an area not assessed as part of the current project. However, the previous assessments did demonstrate a need for training in basic public health sciences skills, a finding very similar to those from the current project. One major difference found was that Financial Planning and Management Skills was the domain with the lowest need in 2003 and 2005. The 2014 assessment identified a high percentage of public health professionals do not perceive competencies in this domain apply to their job, which indicates a high need. Another interesting comparison is related to the fast-paced technology world. In 2003 and 2005, the preferred mode of training was CD-ROM, technology that is now rarely used. In 2014, the preference is web-based trainings.

Recommendations

One major recommendation is to develop training that is targeted to address the areas of lowest proficiency and applicability, a strategy that is already underway. A video, “Health in 3D”, is being developed that will address cultural competence and diversity awareness. “Fundamentals in Kansas Public Health” is an online training that will be available soon and focuses on the 10 Essential Services, a deficiency in the Public Health Sciences domain.

Another approach will be to retool existing training such as the “Evidence-Based Public Health Course” to include content that specifically addresses competency gaps. In order to assist staff in better understanding the core competencies, it is important that individuals at KDHE and local health departments become familiar with the language used in the Council on Linkages Core Competencies through targeted communication efforts. Another communication-related strategy would be to provide relevant examples to staff about how the competencies apply to their work.

In order to attract a younger, more diverse workforce, it will be important to explore recruitment strategies, including use of social media, to increase awareness about the field of public health and to create interest among high school and college students. There may be opportunities emerging for additional education in public health to be offered at the bachelor’s and associate’s degree levels, which could result in a new population of public health workforce candidates.

It is important that opportunities are created for the Kansas public health system based on the assessment results and that these results are used to establish a direction for workforce development in the system. Training programs and resources can be offered, but in order to be effective, the workforce must see training tools as valuable. It is important for those working in public health to be encouraged to participate. Local health departments and KDHE should be supported in the creation of organizational workforce development plans that ensure the identified needs and gaps are addressed. Additionally, the workforce assessment should be conducted at least every three years in order to gauge progress on workforce development efforts and identify new needs and gaps.

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Contact Information

For more information about the Kansas Public Health Workforce Assessment, visit http://www.kdheks.gov/olrh/workforce_development.htm. If you have questions, contact Cristi Cain, Public Health Specialist, Kansas Department of Health and Environment, at 785-296-3641 or ccain@kdheks.gov.